

The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

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Dental Health Council Refused C.D.S. Aid

The June 15th edition of the FORTNIGHTLY REVIEW of the Chicago Dental Society carried an editorial regarding a new organization in the city of Chicago, the Dental Health Council, an independent, not-for-profit corporation formed to assist dentistry. An appeal for funds by this group prompted several calls to the central office of the Chicago Dental Society inquiring as to its validity and as to whether our members should support it financially. Eight questions were asked of Mr. Bishop, the Executive Director of the Council, regarding his plan of action and his own personal qualifications for the position he holds. Mr. Bishop replied to the editorial with a letter that was published in the July 1st edition of the FORTNIGHTLY REVIEW, but due to lack of time, a suitable answer to this letter could not be made then.

The first question asked was why the Council acted independently and did not solicit the help of the parent, state and local dental organizations. The reply was that since the Dental Health Council is to act as an independent organization including all facets of the dental field, but free of any connection with organized dentistry, it is hoped it can accomplish its purpose more effectively and rapidly than organized dentistry alone has been able to do so far. Mr. Bishop forgets that without the financial support of dentists, his Council is doomed to eventual failure. If the dental societies are by-passed the picture takes on an appearance of sub-

version and appears as though some person or persons have an ulterior motive. In other words, they plan to solve a dental problem with dental financing without consulting dentistry. It's like treating a corn on your big toe by soaking your thumb in hot water.

The next question asked was why the Council had neglected to obtain the full background of this problem, and it was answered by stating that the backgrounds of organized dentistry and the dental laboratory field were extensively surveyed, and the combined data now available reaches further back and is more complete and up-to-date than that of organized dentistry alone. This is a preposterous statement to make because we know for certain that the complete and extensive files on this case possessed by organized dentistry have never been surveyed by the Dental Health Council. The data collected by the Chicago Dental Society and its lawyers would take an individual at least two years to analyze completely and we are positive that the Council has not done this, so how is it possible that their data is more complete?

We then asked why the Department of Registration and Education had been by-passed. Mr. Bishop replied that they had been approached and had expressed a keen desire to cooperate with the Dental Health Council in its efforts to eliminate illegal operators. If this is true, then this contact has been most recent, because on May 15th both Mr. Scheer, the legal

representative for the Department and Mr. Engle, the Director of the Department of Registration and Education, were asked what they knew about the Dental Health Council, and both men said they had never heard of it and knew nothing of its activities.

When asked how they proposed to raise the money needed, without the support of organized dentistry, Mr. Bishop gave the lame reply that "necessary funds for the operation of the Dental Health Council are being obtained through the membership of dentists, dental laboratories and dental suppliers and manufacturers." So it looks as though Mr. Bishop is going to jump into a swimming pool and try to swim, even though there is no water in the pool.

When asked how this money was intended to be spent, we received this reply: "Upon the approval of the Board of Directors (Dental Health Council), funds will be expended toward the enforcement of the Dental Practice Act in cooperation with the Department of Registration and Education. Through the medium of publicity and public relations, the general public and dentists will be continually apprised of the menace to the public health by illegal operators; and informed as to the most effective means of combating this danger. Modern economic methods will be made available to members through a research and consulting department. Bulletins containing information pertinent to the dental field will be issued periodically." This is exactly what the Chicago Dental Society has been doing, so actually the plan of action of the Council does not differ from ours. Since we have been following this course for years, and have made definite headway toward a successful conclusion, the Dental Health Council must be considered superfluous.

Continuing the questions, we asked Mr. Bishop what his personal qualifications were for the position he now holds, and what dental background he possesses. Replying that he has had thirty years of experience in newspaper, advertising, publicity, public relations and organiza-

tional fields, he has been retained as Executive Director of the Dental Health Council for the purposes of organization, management and fund-raising, and that one of the requirements for his position is *no dental background*. We admit that Mr. Bishop's background is interesting and no doubt he is a highly capable individual, but the part about having no dental background as one of the requirements for his position really floors us. A little thought along these lines makes the Dental Health Council as well as Mr. Bishop sound slightly absurd. How can it be possible that this requirement was made, unless it was made by the individual himself. Dental problems should and must be handled by one familiar with the dental field, or all efforts will be to no avail.

When asked what he intended to receive for his services, Mr. Bishop replied that his remuneration was to be based on services rendered. This would be construed then, as saying that the more he collected, the more he would receive.

The Chicago Dental Society feels that Mr. Bishop is a personable individual and respects his knowledge of the public relations field, and has no quarrel with him, as such. However, the organization he heads seems to be erratic in nature, and as such can be of no help to dentistry. This problem of the illegal laboratories is strictly a problem for organized dentistry which has carried the ball so far and will continue to do so. Such problems do pop up in different fields and they are admittedly hard to solve, but the Chicago Dental Society has followed, and will continue to follow, a course of action that will eventually erase the illegal laboratories from the dental picture, and do it in such a manner that it will be impossible to infringe on us again. On June 24th, a combined meeting of the officers, Board of Directors, and members of the Legislative and Law Enforcement Committee, after due consideration of this entire matter, voted to notify the members of the Chicago Dental Society that we cannot advise them to financially support the Dental Health Council.

EDITORIAL

A NEW DENTAL TEACHING PLAN IS INAUGURATED

One of the major complaints against our present form of dental education has been the poor "carry-over" of the basic sciences to clinical application. The science teachers have blamed the clinical instructors, and the clinicians have in turn blamed the science teachers. An attempt to remedy this situation is now underway at the University of Illinois College of Dentistry under the directorship of Dean Allan G. Brodie. This consists of the introduction of the seminar plan of teaching into dentistry on the undergraduate level. This plan has been used very successfully in other branches of education for many years, but has never been tried in the dental field. It is felt that this system may eventually replace the lecture method in the last two years of dental study, and should improve the application of the basic sciences in clinical practice. It is not thought that this plan will completely solve the problem, but that some advancements are bound to be found.

The plan is based on the concept that the special concern of dentistry lies in: (1) The hard tissues, namely, dentin and enamel. (2) The attachment tissues such as cementum, periodontal membrane, and alveolar bone. (3) The soft tissues of the mouth and glands. (4) The muscular and skeletal systems. Each of these general divisions is further subdivided; two clinical staff members are assigned to each of these sub-divisions. These staff members prepare material for presentation before a faculty seminar which is under the supervision of the head of the appropriate department.

For the student seminars the fourth year class is divided into four groups of fifteen students each; four seminars meet weekly during the same hours, with two faculty members advising and participating in each student group presentation and discussion. The student groups rotate from week to week until all have completed four subjects; at this time four more seminars are started.

The advantages of this type of teaching are many according to Dean Brodie. He believes that it will place emphasis on learning instead of teaching; that it will bring the younger staff members more actively into the educational activities of the College, and afford them better opportunity for development than they presently enjoy; that it should tend to break down departmentalization by permitting different groups to see what others have to offer that is applicable to their own problems; and finally, that it should focus attention on those areas in which little is known, although much is accepted as fact.

Dr. Brodie makes it clear that the seminar idea as applied to undergraduate dentistry is too new and untried to make any definite statement about the eventual success or failure of this plan, but like the rest of us, he feels that it at least deserves a try.

*The foregoing editorial was prepared with the help and approval of "The Faculty-Alumni Newsletter" of the University of Illinois Chicago Professional Colleges.

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"My wife's a wonder. Last winter she knitted me socks out of an old bathing costume, and this summer she knitted a bathing suit for herself out of one of my old socks."

Sloppy Copy From Oppy

"Who can deny—that which helps one may hinder another."—Ching Chow

Ann Warren wrote an article in the Dale Carnegie Club Magazine, titled "GET TOUGH WITH YOURSELF." This was in 1948, and it's been difficult to get in touch with her so I could get her permission to print *verbatim*. This article has been such an inspiration to me that I thought I would try and give part of it to you. This is how Ann opened her inspiring article:

"How often do those vague stirrings of self-dissatisfaction become active to the point where you rise up, wrathfully shake your fist at yourself and say you are going to do something about it. About every five or six weeks or just once or twice a year? Of course, you get that way sometimes. We all do."

Take this copy for example, I've had two whole weeks to get it ready, but all I've done is think about it. On June 30th, it's hurry, hurry, scurry, special delivery. Hope it makes July 1st at noon, our deadline. Yet I had two weeks to shake my fist at myself and get this ready.

I also recall, for years, I wanted to enroll in many courses and do many things to improve myself—but always too busy—had to paint the house—new baby arrived—wife's relatives visiting, etc.

Mrs. Opdahl did not understand these inner cravings. She wondered why I didn't quit practicing dentistry and be a dentist and make some money.

So, one Wednesday night in 1948, I satisfied that inner craving by telling no one, but just asserted myself and enrolled in a Dale Carnegie course and I have never been sorry.

Ann continued, that there were many people that were human dynamos running ceaselessly and efficiently, day and night, but not you and I. They were perfectly disciplined and so orderly-minded persons, and found time to do many things.

But not you and I. She said I had the

best of intentions of improving myself but I did nothing about it. Just a lazy dreamer whose dreams never worked out.

Still she spoke of moments I had of the most vigorous determinations. The time I read about the fellow in the *Digest*, who tinkered in his basement and came out with an idea which netted him a fortune—or the time I went for a new suit and the clerk said I looked better in a 44 than the 42. I mentioned the fact that all my clothes were shrinking, especially around the waist and in the seat, and I thought it was the strong cleaning solutions—but he just smiled. I was determined to do something about my weight then. But did I? They still call me Crisco (fat in the can) so you see I did not.

"Whatever it is that stirs you out of your complacency, grab it up gratefully and act upon it instantly, before the emotional impetus can cool off. Lay out a program of vigorous reform in every direction you can think of where there is a single area of dissatisfaction. Impossible, you say. You could never keep it up. It would be hopeless to expect so much of yourself. No, you will take just one aspect and try to do a little about improving that. Then, maybe if you make a little progress on that you will be ready to tackle something else. You know yourself too well to expect miracles."

Our essayists suggested we go all "out" in improving ourselves. Just drive as hard as you can for a few weeks. You might fail or give up in some of the minor things, but those that you like or are adept in, you will have additional time and force for them.

Ann suggested we write down all the things we dislike about ourselves. I ran out of paper and as I read over the list, I said, "Is that me?" I quickly threw it away and sighed with relief. If my wife knew all those things about me, she would

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NEWS AND ANNOUNCEMENTS

FLUORIDATION PETITION FORMS MAILED TO MEMBERS

The Subcommittee on Fluoridation of the Chicago City Council held its final public hearing on June 27 in the Council Chambers. A number of "food faddist" organizations were present and vigorously opposed fluoridation. Dr. Samuel R. Kleiman, our Secretary, and Dr. J. Roy Doty of the American Dental Association staff presented the final arguments for the proponents.

The "food faddists" are conducting an active campaign to undermine the fluoridation program. This same group of people was responsible for the defeat of fluoridation in Seattle.

As one means of indicating the extent of public approval and demand for this vital caries-prevention measure, the Chicago Dental Society Board of Directors has authorized mailing an explanatory letter and three petition forms to each dental society member practicing in Chicago or in a suburb which purchases its water from Chicago. We hope that each member will explain the benefits of fluoridation to the first thirty patients or other friends and secure their signature to the petition forms. Unless the City Council becomes aware of widespread demand for fluoridation, the measure may suffer defeat as it did in Seattle. **HERE IS AN OPPORTUNITY FOR ORGANIZED DENTISTRY TO INFLUENCE DESIRABLE PUBLIC ACTION.** Will each of you please follow through on the suggestion made in the letter which you received?

It may interest you to know that Dr. J. Roy Blayney, in charge of the Evanston fluoridation program, stated recently that after only five years of fluoridation the permanent teeth of six to eight-year-old children show a 46 per cent caries reduction.

If additional petition forms are needed,

or if for any reason certain dentists do not receive the letter and forms, a phone call to the Society at RAndolph 6-4076 will bring an answer to your request.

ZOLLER CLINIC

At the termination of the weekly seminar program, the Zoller staff enjoyed its annual picnic at Thatchers Woods, June 25.

New appointments as dental interns commencing July 1 were as follows: Virginia M. Carbonell, D.M.D. (National University of Manila, The Philippines); Lieuwe Tammo Hoeksema, D.D.S., Chicago College of Dental Surgery, Loyola University (University of Utrecht School of Dentistry, The Netherlands Tandarts); James John McMahon, D.D.S., Chicago College of Dental Surgery, Loyola University; Reza Mehran, D.D.S., Intern, Jersey City Medical Center, Jersey City, N. J. (Tehran University).

Dr. William Colin Durning from the University of Otago, Dunedin, New Zealand, has been on a Zoller fellowship for the past several months as an Assistant in Dental Surgery.

Completing his year of internship, Dr. Daniel Mitziga also has been appointed an Assistant in Dental Surgery and will undertake studies in pathology and roentgenology.—*Frank J. Orland, Correspondent.*

UNIVERSITY OF ILLINOIS

The annual golf outing for graduating seniors and alumni of the University of Illinois College of Dentistry was held on Wednesday, June 11, at the White Pines Golf Club, Bensenville. The alumni and faculty honored the graduating class, which numbered 59 this year, at a banquet in the evening.

Awards and prizes for graduating

seniors were announced and presented by Dean Allan G. Brodie and Dean Emeritus Frederick B. Noyes, as follows:

1. Membership in Omicron Kappa Upsilon, national honorary dental fraternity. Eight students were elected this year to the fraternity.

2. The Alpha Omega scholarship award—a medal and a certificate to the student with the highest scholastic average for the four-year dental study.

3. The Capt. Simon Kessler memorial award—a prize to the student who made the greatest progress during his four years of registration in the college.

4. The Frederick B. Noyes prizes—cash awards to the students having written the three best senior theses.

5. The American Society for the Promotion of Dentistry for Children award—a certificate of merit to the student showing the greatest interest in pedodontics.

6. The American Academy of Dental Medicine award—a certificate presented to the student showing the greatest interest in dental medicine.

The outing, as has always been the case in past years, was immensely enjoyed by all. The friendly bar in the clubhouse enhanced the *esprit de corps* of all who imbibed just prior to the banquet. The banquet dinner was excellent and Dean Brodie gave the departing seniors an inspiring farewell message.

Other news from the dental college: Drs. Thomas K. Barber, Surindar Nath Bhaskar, Leo M. Sreebny, and Elsie Gerlach received "Golden Apple" awards from the 1st, 2nd, 3rd, and 4th year classes, respectively. Dr. G. Walter Dittmar received the all-school "Golden Apple" award. These awards consist of a gold key in the shape of an apple and are presented to those teachers who in the estimation of the students of each class have shown helpfulness, excellency, and interest in their instruction to the greatest degree. These awards are known as the Nell Snow Talbot Instructorship Awards.

Drs. Allan G. Brodie, Robert G. Kesel, Max Gratzinger, and Stanley D. Tylman

are going to attend and participate in the International Dental Congress which is being held in London, England, July 19-26. Although they will be unable to attend, Drs. Isaac Schour and J. P. Weinman are submitting papers which will be read.

Dr. Stanley D. Tylman and Dr. W. W. Wainwright recently participated in the program of the First Pan-American Congress of Dental Universities, which was held at the University of Buenos Aires, Argentina.—*Charles G. Maurice, Correspondent.*

ROTARY CLUB APPOINTS MR. STEPHENS TO OFFICE

It is interesting to note in passing that Edgar T. Stephens, Program Director of the Society's Committee on Dental Health Education, has been appointed Secretary of the Program Committee and Vice-chairman of the Publication Committee for the Chicago Rotary Club.

SYNCHRONIZED TAPE RECORDING BETTERS PICTURE PRESENTATIONS

Dr. Ralston I. Lewis reports use of a new method of recording comments and explanation to accompany film presentations of clinical procedures that should prove effective and valuable to those considering production of a motion picture film. In this method, which, incidentally, is used in large scale production in Hollywood, the sound is not taken on the same film with the images when the procedure is filmed. The procedure is filmed on silent film first. Then it is developed, trimmed, cut and spliced into its final and most desirable form. Then the operator views the film and as it un-reels, speaks his accompanying comments and explanation into a microphone, transferring the sound to a magnetic tape for recording. The tape wind is synchronized to the film speed and the tape grafted to the film after it has been cut and spliced

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The Home Care of the Mouth and Its Importance*

By Robert L. Dement, D.D.S., Atlanta, Georgia

As early as 1723, Doctor Pierre Fauchard, the great French dentist, recognized the importance of good and sufficient mouth care for maintaining the health of the tissues of the oral cavity. In passing on the results of

his studies and observation to the dental profession, he made the statement that "Little or no care as to the cleanliness of the teeth is ordinarily the cause of all the maladies that destroy them."



Dr. Dement

Not only the periodontist, but the general dentist, for years, has recognized the importance of mouth care, but for some reason there has been very little time given to the very important part of dental practice—that of teaching and training patients in the adequate and thorough care of the oral cavity. I add training, because I never find a patient who can carry out instructions as to the care of the mouth without some coaching. I try to make the technique just as simple as possible, but there are certain procedures, such as the use of the brush, tape and interdental stimulators, which must be carried out very carefully or the tissues will be irreparably damaged. It is one thing to tell a patient what to do but quite another to train him in the actual doing of it.

WHY HOME CARE OF THE MOUTH?

Doctor Weston A. Price, in his travels over the world, studying the living habits

as well as the diet and eating habits of various peoples, found that those who lived on natural foods, that is, foods which were uncooked and in their natural state, seldom, if ever, developed gingival troubles and very little decay of the teeth. This was particularly noted among such people as the Eskimos, who lived in the interior of the far reaches of Canada, away from civilization, certain South American Indians and certain tribes in Africa. At the same time, it was noted that those who lived on the refined, highly seasoned and thoroughly cooked foods—as we do in civilization—developed not only periodontal conditions, but much decay of the teeth. In addition to using the cooked and refined foods, as a general rule, people give very little thought to the requirements of the body when selecting food. It is very interesting to me to go into a popular eating place, where all classes of people are found, take a seat near the door to the kitchen, and watch the trays of food as they are carried to the diners. Comparatively speaking, very few people seem to give thought to what they should eat and what goes to make for a strong healthy body, but rather, order the things they like, or that appeal to their taste.

We all remember, back in our kid days, we heard the old saying, "clean as a hound's tooth." You know that if a dog is allowed to forage for his own food, the only trouble he will develop is worn-down teeth. The dog fed from the table, or on present day foods of civilization, will develop periodontal troubles, as well as various lesions of the teeth.

The foods of civilization, as a rule, do very little toward the cleansing of the teeth and exercising the tissues forming the periodontium, or the supporting structures.

It is not only necessary that we keep

*Presented at the 1952 Midwinter Meeting of the Chicago Dental Society.

clean teeth, but the supporting structures should be thoroughly exercised in order that there might be a good circulation of blood and lymph to the part. In this way, the tone of the tissue is improved and the resistance to the invasion of the pyogenic organisms, always present, is strengthened.

The circulation in the gingival tissue is unusual in its arrangement. The blood supply is brought in from the deeper tissues by, comparatively speaking, large arteries, then by the arterioles and capillaries, which terminate in the gingival tissues. The blood is then collected by the very small venules and is carried back through the veins to the lungs and heart, where it is purified and then sent back into the circulation throughout the body again. The gingival tissues have a very rich blood supply but since the blood stream in this area runs into a situation which might be compared to a dead-end street, congestion takes place very easily. So it is necessary, since we do not get sufficient exercise to these tissues by natural means, we must encourage a good circulation by artificial exercise in order that tone and health may be maintained.

In teaching patients the proper home care of the oral cavity I usually compare the blood stream of the body to the supply line which carries in nourishment, supplies, equipment and reinforcements to the soldiers in the front lines. If the supply line fails, then the soldier boys are robbed of their necessities and are soon destroyed by the enemy. The blood stream is to the white blood cells of the body the same as the supply line is to the soldiers on the battlefield. The soldiers must have good and sufficient nourishment, equipment, supplies and reinforcements in order to carry the battle to a successful conclusion. So, if we are to maintain health in the gingival tissues, we must encourage a good circulation and not permit a stagnant or congested condition.

Judging from the condition found in the mouths of the great majority of patients coming to my office, and I would

imagine that my practice would not be so very much different from that of the majority of the ordinary run of dental practices, the average practitioner of dentistry either does not realize the importance of the home care of the mouth or is just neglecting one of the very important points in a complete dental service to his patients. It is very important to be able to assist nature in restoring the periodontal tissues to a healthy condition, as well as rebuild and restore the masticating machine to good function, but it is equally important to teach the patient how to care for the mouth and maintain good health and function.

Of course, every service rendered a patient takes time, knowledge and more or less skill and someone has to pay the expense incurred in rendering such a service. I have had many dentists ask me, "how can you afford to spend the time to do all this teaching?" Knowledge, skill and time are all a dentist has to sell and unless he is "sold," as the salesman would say, on the value of the service he is rendering he can't expect to "sell" the patient, but if he really believes in the importance of good home care of the mouth and will take the necessary time to thoroughly teach and train a patient in the proper procedure, I do not believe he will have any great amount of trouble in obtaining a reasonable fee for his service.

I have had many dentists say that they thought I "spend more time than is necessary in teaching the home care of the mouth." I have been specializing in the treatment of periodontal conditions for over thirty years and have tried various schemes and ways of teaching home care, but until I adopted the plan which I have been following for a number of years, the cooperation on the part of the patient was very unsatisfactory. Of course, I do not get one-hundred per cent cooperation from the patient now, but it is far better than that received when I was hurrying through the technique.

This day and time a patient, as a rule, is not satisfied to do things, especially if

it takes much time and effort, just because the doctor says so. They want to know why they are doing certain things; and the results. In other words, they want to know the reason for things. We cannot expect cooperation unless we take the time to explain, not only what we want them to do and how to do it, but also why it is necessary. This is particularly true if what we ask them to do takes much time.

One reason why so many patients fail to carry out instruction in regard to the home care of the mouth is because they are not sufficiently impressed with its importance. Many dentists relegate the teaching of home care to the hygienist or assistant. In many cases, no doubt, the girl will do a much better job of teaching than would the doctor, but the psychological effect on the patient is not as good. The average patient feels that if the doctor takes his valuable time to do all this teaching, it must be really important. Don't think, for one moment, that you are wasting time when teaching the proper and thorough home care of the oral cavity. There is no operation in dental practice more important than teaching a patient how to properly care for and preserve the masticating mechanism. I know it is terribly discouraging after spending so much time trying to teach patients how to properly care for the mouth, to have them return to the office for subsequent treatment and present a condition which plainly shows that they have not been carrying out instructions. Of course, this does not serve to enthruse you, but to say the least, you know that you have done your duty. You have discharged your obligation and the patients cannot place the blame for their poor mouth health on your shoulders.

I know we all had a great respect and admiration for the Mayo brothers of Rochester, Minn., and for the great work which is still going on at the infirmary which was built by them. I think it was Doctor Will Mayo who said "Eighty-five per cent of the diseases of the human body come from the shoulder up." About ninety per cent of that eighty-five comes

from and through the oral cavity. So we do not waste time when we properly care for the oral cavity.

ARMAMENTARIUM FOR THE HOME CARE OF THE MOUTH

There are those who advocate a very limited armamentarium for mouth care and I agree with them. I, too, believe that we should not overload a patient with so many gadgets when just a few will suffice, but I do believe one should have sufficient equipment, or gadgets to properly care for each area. We, as dentists, do not try to do all the many operations in our daily practice with just one or two instruments. We have as many instruments as are necessary for thorough and efficient work. We should not expect less of a patient who is anxious about their mouth health and who is willing to do what is necessary to maintain it.

The diet of today does not necessitate very vigorous mastication. To begin with, in civilization, we cook our foods to such an extent that certain vital properties are destroyed and the food is tenderized so it does not require much effort in mastication. So we do not receive the natural exercise to the gingival tissues nor do we receive the cleansing effect that we would from natural foods. Therefore, it is necessary that we have adequate armamentarium not only to cleanse but, at the same time, to thoroughly exercise the gingival tissues.

BEFORE BREAKFAST

For brushing the mouth, or what is commonly referred to as brushing the teeth, we need a brush which is not too large or shaped in such a way as to make it difficult to apply. A straight head, approximately an inch long, can be applied very comfortably. Soft bristles are preferred so as to avoid irritation or traumatizing the tissues. The brush is used once or twice a day—morning and evening—for general mouth care, or in exercising or massaging general mouth

tissues. The hard bristles are too irritating to the soft tissues and, if improperly used, may also damage the tooth surface eventually. Much of the abrasion of the teeth and recession of the gingival tissue and process is produced by improper tooth brush technique and hard bristles. Soft bristles are much less irritating and more gentle to the tissues.

So the first thing on arising is to cleanse the portal of the body with a thorough mouth brushing. In using the brush do not use a cross stroke, circular motion, up and down or a motion that would bring the ends of the bristles in too harsh a contact with the gingiva. Place the side of the bristles against the gingiva, pointing the end of the bristles toward the buccal folds, or, on the lingual, toward the roof or floor of the mouth. With a slight twist of the handle, exert light pressure on the gingival tissue with the side of the bristles and move the brush up or downward, as the case may necessitate, until the bristles leave the teeth. This will avoid the danger of injury to the gingiva or the teeth with the ends of the bristles, especially if the bristles are hard and stiff. The stroke is repeated until a good circulation takes place and the tone of the tissue is raised and, incidentally, the mouth will receive a good cleansing.

Do you know of anything more repulsive than a bad case of halitosis? The great majority of these conditions come from the back of the tongue. Just anterior to the papilla circumvallate (or wart-like formations on the back of the tongue), there are a group of crips, about one sixteenth of an inch in depth. Liquefied food particles, acid and bacteria collect here and putrefy, thus producing the great majority of the cases of halitosis. The majority of patients, who try to do anything about it, use the tooth brush or a doily to scrub the tongue. This does help, but the best thing I have found is a good tongue scraper. It does more than the tooth brush and doily, combined. Of course, it takes a little practice, patience and perseverance to overcome the difficulties in using such an

instrument so far back in the mouth, especially early in the morning, but all who try it, readily see the advantages and the majority are amazed at the accumulation which is removed. The mouth is then rinsed with a mouth wash composed of: 1 teaspoon of salt (rounded), 1 teaspoon of soda (level), 1 pint of warm water, one-half teaspoon of Tincture of Iodine, (five to seven per cent), which can be made up by the patient at home.

In using mouth wash, the patient should be taught to flush the whole mouth thoroughly—forcing the fluid between the teeth all around. Then gargle deep for the cleansing of the throat, as far back as possible. Then while bathing, dressing, or doing something else, allow another mouthful to soak. This does not destroy bacteria or cure anything but it will help to tone the tissues, if held in the mouth long enough to penetrate the tissues slightly. It should be held at least two minutes, more if convenient.

AFTER BREAKFAST

After eating we find a great amount of food clinging between the teeth and although we may rinse the mouth well it remains, more or less. It is said that an acid formation begins in this retained food in from three to fifteen minutes after eating. Then comes injury to the gingival tissues through mechanical and chemical irritation, as well as the bacteriacid action. So after eating it is necessary to cleanse between the teeth as soon as possible.

The best and safest way of cleansing the interproximal spaces is with dental tape, carefully used. The patient should be thoroughly taught the use of dental tape and warned as to its dangers. 1. Tape must not be snapped or jammed between the teeth, on account of the injury which might be caused to the gingiva. 2. Be careful and do not cut the gingiva. 3. Do not pass the tape too far under the margin of the gingiva (just as you do not go too far under the finger nail). 4. Do not polish with the tape too

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ABSTRACTS

PROCAINE SENSITIZATION

The problem of procaine resistance in their patients, when procaine injections are used for anesthetic purposes, may confront dentists of the future because of the increasing use of large amounts by the medical profession in connection with the administration of penicillin.

Procaine-penicillinate, used intramuscularly, is an insoluble procaine salt, allowing the penicillin to be absorbed slowly, and therefore quantities of the procaine-penicillinate remain in the muscle into which it was injected, for several days. It is not a surgical anesthetic and should not be used in dental areas.

Monocaine-penicillin solutions may be used for surgical anesthesia by block and infiltration injections, as monocaine does not precipitate when used as a penicillin solvent. When injected around local infected areas in the mouth it will not only anesthetize the dental areas, but combats local infection as well.

The large amounts of procaine-penicillinate used by physicians may, in time, account for procaine sensitization in a large number of patients. However, a number of satisfactory procaine substitutes are available.—“*PROCAINE RESISTANCE.*” *Modern Dentistry*, April, 1952. O.C.L.

TEETHING POWDERS

Workers at the Royal Manchester Children's Hospital, in an article in the *British Medical Journal*, report cases of mercury nephrosis resulting from the use of teething powders, in infants and young children. Of the five cases they describe, four of the group recovered and one died.

They state that teething powders are in common use, but the danger of nephrosis by prolonged use is not recog-

nized. They strongly recommend the omission of mercury compounds from all teething powders, and urge that prolonged administration be avoided.—“*HAZARDS OF TEETHING POWDERS.*” *The Journal of the American Medical Association*, May 17, 1952.

O.C.L.

IMPROVEMENT OF FULL LOWER DENTURE

In order to improve the efficiency of the lower denture and to add to the comfort of the denture patient, eight points are suggested for its improvement.

Begin by making the full lower impression cover more area than you intend to use in the denture. Have all borders thoroughly overextended. The final length will be determined by trimming the denture itself. Briefly, the eight points suggested are as follows:

1. Have the labial wall deeper than usual. This will overcome the difficulty of the denture not staying down in place. If soreness occurs, trim only enough to give relief. The buccal wall should be trimmed short to prevent the lift of denture on opening the mouth.

2. Have the border of sublingual extension $\frac{1}{4}$ inch thick. The length of the wall is determined by the position of the muscles of attachment with the tongue at rest. If in doubt as to the length, better to have it slightly shorter than longer. Hollow out the tongue side of lingual wall in area of sublingual extension to add tongue space. The sublingual extension adds more to the stability of the lower denture than any other single feature.

3. Determine the lengths of the most distal portions of the denture by the position of the retromolar triangles. Outline

(Continued on page 29)

NEWS OF THE BRANCHES

NORTHWEST SIDE

Really is something getting all sorts of letters with strange names, but we soon become friends. They contain information about our branch members. Also have received 'phone calls from men I've never had the privilege of meeting. Neil and Mrs. Desenis have just returned from a two-week vacation. They flew to New Orleans, took a banana boat down to the Panama Canal and through the Honduras. Neil said, "No fishing, no sir, this was just a lazy vacation." Took that plain, ordinary well-earned rest we all dream about. Weather wasn't as bad as here, warm but oh, so comfortable! . . . Stanley Broniarczyk just opened his summer home at Slocum Lake for the season. Have an enjoyable summer, Stan. . . . L. A. Kielczynski is away fishing at Eagle Lake, Ontario and up in Canada. Be sure to bring back some big ones. . . . The Northwest Branch was well represented at the Chicago Dental Society Golf Outing. The Bears football team had several men out playing golf. Very versatile group, kept our men laughing with all sorts of jokes. While having lunch the other day, started talking to the fellow next to me. He introduced himself as Marvin Stanger and asked if I knew Chester Stanger, his brother. Sure do, haven't seen Chester since he helped me fill out my application to Dental School, a long time ago. Chester, be sure to thank your brother for paying my check. . . . John McCallum has been elected commander of the Logan Square Post of the American Legion. . . . Morris Bernards came in to see me the other day. Can't seem to get away from these men with brothers. It seems I worked for his brother, a pharmacist with Walgreens, a number of years ago. Jim Guerrero played golf with Bernard Coniglio last Wednesday. Was very glad to hear that Jimmy won the game. . . . See you all at

the picnic and will be sure to get to know more of our members. Remember to drop me a card or call giving me the latest news.—*Sonny Litturi, Branch Correspondent.*

WEST SIDE

Now that the summer vacation is started and well on the way, your new President Walter Kelly and Branch Correspondent started their vacations with new jobs to make this year one of the most successful years in the history of the West Side Branch of the Chicago Dental Society. On June 10th a meeting of all the branch presidents and branch correspondents, including the officers of the Chicago Dental Society and office personnel, was held at the Palmer House. Your President and Correspondent attended this meeting and found it to be very instructive and educational. We also enjoyed a very good dinner. Among the points of interest mentioned at this meeting was the all-important illegal laboratories problem. Members of the Chicago Dental Society should send the names and the addresses of illegal laboratories to the Department of Registration and Education at 160 North LaSalle St., Chicago 1. The President of the Chicago Dental Society, Dr. James Keith, gave a short pep talk that was well received by all present. . . . The Editor of the Fortnightly Review, Ed Sullivan, made several suggestions and requested that the branch correspondents send in their copy before the deadline. He would also like to have the correspondents from the dental schools in Chicago send in as much news as possible. . . . The Chicago Dental Society Outing, held this year at Nordic Hills on June 18th, was the largest outing ever held in the history of the Society. The members of the West Side Branch who attended this outing were very for-

tunate this year because nearly all of them took home a door prize or a valuable golf prize. Some of our boys from the West Side present were: Walter Kelly, Sam Kleiman, George Blaha, Carl Madda, Bill Gubbins, Al Sells, Adolf Stark, Harry Rubens (Don't tell anybody but I hear he's going to get married), Walter Zipprich, Harold Gillogly, Sol Shiret, Frank Kropik, Irv. Robinson and also your branch correspondent. Don't forget to make your reservation early to attend the Loyola Dental School Outing on Sept. 17 at the Glendale Country Club. Dr. Carl Madda is the chairman. Happy vacations to you all!—*Joseph F. Porto, Branch Correspondent.*

ENGLEWOOD

Englewood *cannot* be outdone. We *cannot* let Olaf S. Opdahl get away with anything so good as "Sloppy Copy from Oppy" unchallenged. We therefore, here and right now, submit our efforts under the heading of, "Pied Type from the Piedtyper of Ramblin'." Anthony J. Malone, are you listenin'? . . .

I sat by Vern Eklund at tea
Embarrassed as I could be
His rumblings abdominal were something
phenomenal
And all the guests thought it was me.

Well all right, so it wasn't tea exactly, but more like dinner at Englewood's golf outing, and Uncle Vern really wasn't much bother after I pushed him down to the end of the table near the noisy fan. We all had fun—except me, mebbe. "Prof." Sorley and I sat us down at the bar and tried a few from a bottle labeled, "Old Factory Whistle." You know, one blast and you're through for the day. The "Prof." was feeling no pain when last seen, but I'll be *derned* if I remember much of the outing after I saw Ed Glavin pushing the bottom out of a nice easy chair on the lovely front lawn. "I'm the official bird watcher," sez Ed. "Gimme a bird to watch, too," sez I, and with

that we spent an enchanting afternoon. . . . Gad! Bruce Spooner did it again—presented his wife with a lovely li'l gal on June 14th. That makes four exemptions for Bruce, two and two. . . . You know, I should hate you guys. I have just left my bed of pain to come up to the office to knock my brains out over this drivel. I will have you know that I have just had a mump! Now understand, an ordinary, garden variety mump is one thing, BUT, a case of having a mump "with complication" is quite another pot of tripe. I had a "complication," and believe me, that makes (watch for it now) a *vas deferens*!! How do I do it!! Anyhoo, I've got the air-conditioner going. . . . Dr. Medsker, we salute you and Mrs. Medsker upon your forty-ninth wedding anniversary. How wonderful! The Medskers made an eight-day cruise down the Ohio and Tenn. rivers on a stately stern wheeler, and observed the very special day (June 24th), in Paducah, Ky. . . . Seems like many of the boys are getting out while the getting is good. Lawrence H. Johnson left for Europe on the 28th of June, and Tom Starshak closed shop on that day to prepare for his European jaunt. He will be gone for five or six weeks, and will clinic in London on July 22 and 24 before the International Dental Congress. Bon voyage, gentlemen. . . . Glen and Mrs. Walden are driving to London (Canada, that is), and will make a two-week trip of it. Too weak to make it longer? . . . Ed Scanlan will relax with his boss and brats on a ranch for three weeks. Estes Park, Colo. again. . . . Friend "A.G." Person spent the Fourth of July in West Salem, Ill., and "Tepee" Cavanaugh set off for Cleveland, Ohio a few days ago. We know of no reason to assume that he did not make it. . . . Eileen O'Grady is on the mend after an appendectomy. . . . D. F. Hattendorf is in hospital because of an ulcer flare-up. . . . Marion Hopkins left on July 4th for his diggings in Michigan for a couple of weeks. He wants to get in a few licks at the Paw Paw archery course. Keep that odd feather on the outside, Marion! . . . Leo Finley is off to Canada for some fish.

Tom Starshak *swears* that Leo is taking his son with him this time to be sure he gets home again. Wonder what he meant by that? He laughed so darn hard while telling me about it that I never did find out. . . . On the unhappy side of the page, I hear that Mike Walsh had his Packard of three weeks smashed up by a truck. No one hurt, fortunately. . . . SCOOP!! Gus Solfronk is in Chicago today! Mebbe not tomorrow, but today for sure. . . . Louis Sasso, I would have words with thee. The story is that you attended the 500-mile auto race wearing an Official Photographer card on your person, and that you were accepted as such by all—in spite of a very conspicuous absence of a camera. Now my question, Louis, is, how you do dat, when I, with six pounds of Speed Grafic hanging around my neck all day at the outing was constantly being greeted with, "Hi, Waska, whatcha doin'?" . . . John Lace will never be the same—he told me so. His recent trip to Long Boat Key, Fla., was supposed to be for tarpon. Instead he hooked onto a 5' x 7' rug with all the fringe at one end—he thought—until said floor covering took off for deep water. Turned out to be a ray, for "crying" out loud! HAW! Not the Johnny type, really, but the elasmobranch (order Batoidei), see? After quite a fuss the beast was beached, where it promptly proceeded to relieve itself of a gallon or so of amniotic fluid, and then got down to cases and delivered five little ray-ettes. John never *did* like O.B. work worth a damn!—*Romaine J. Waska, Branch Correspondent.*

SOUTH SUBURBAN

It seems that a dentist will use the feeblest excuse to take time off from the office to go wandering off hither and yon. Harold Drummond has taken advantage of the Mages Sport deal to go to New York to see the Cubs play (?) the Giants and spend a weekend there seeing Grant's Tomb. Sadler is off to Florida for a three-week tour. Glen Eberly

took his brood up to Wisconsin for the 4th weekend to do some fishing and swat mosquitoes. From what I gather, the two keep a person equally busy up there. Also up in the northern woods is Le Roy Rowland of Blue Island looking for new lakes that might be likely fishing spots. . . . Leonard Holt is also on the move, but in a very limited sense or should I say space. Leonard has moved to a new location, and as of this writing, I do not know the exact location. . . . I wonder if George Madory had anything to do with the new Lannon Stone front that is going up on his building. . . . At last I think I have found a man who will help me in keeping a column in this publication. It seems that our incumbent president, Donald Pippert, is publicity man for the Palos Park Village Players and has done a wonderful job as evidenced by the wonderful turnout for their recent show. . . . I have just found out why we have such a time in getting Mann out to our dental meetings. He has his office air-conditioned with all these modern gadgets so that he can control temperature as well as humidity, and with such a set up, he is very loath to leave his comfortable quarters. . . . In the Rumor Department we hear that Cubbon got traveling orders from the Navy Department, but will not have to go due to some disorder with his feet. Seidel is dicker to buy the office of the late Dr. Stevenson. . . . Just got word that Leonard Holt worked so hard moving to his new office that he is taking an extended vacation down in Florida to recuperate. Also on the move is Dan Altier and Mrs. who are planning a motor trip up to Nova Scotia. That's all for now. "Chins up" to you guys in the heavyweight department!—*H. C. Gornstein, South Suburban.*

NORTH SIDE

Despite the heat several North Siders were hot enough to win prizes for their efforts at the C.D.S. Golf Outing, June 18. Branch members who enjoyed the

good fellowship, sport and food were Lyle Aseltine, Russ Boothe, Harold Sitron, Manley Elliott, Bas Cupis, Harry Kent, Ed Luebke, Leo Kremer, Walter Nock, Harold Oppice, Al Rubin, Mel Zinser and lastly Bill Osmanski who did a fine job as chairman of the event. . . . Leaving the sports scene for a moment, the following is a request from Earl Hullison, your program chairman. In an effort to bring the type of program that will interest the maximum number of members and stimulate attendance, the program committee is interested in your ideas and will give them its most serious consideration. Communications relative to the programs should be addressed to Earl Hullison, 4753 N. Broadway. . . . Navy reservist Bob Brening reports he is attending the Naval War College, Newport, R. I. Bob is taking a two-week course for senior officers on "Global Strategy Discussions." . . . Mary Jane Schuler, daughter of Dr. and Mrs. Raymond C. Schuler, became Mrs. Harwood O. Herlocker, June 14 at St. Jerome's Church. Following the reception at the Michigan Shores Club, the newlyweds left for a California honeymoon. At last reports, the father of the bride was said to be nearly back to normal. . . . In spite of a near 100° temperature, the North Side Outing, June 25, was a good show. We regret that chairman, Bob Pond, was unable to be there, but he still is recovering from an operation at Ravenswood Hospital. A letter bearing the signatures of all who attended was sent to Bob wishing him the best. Jules Barrash who took over Bob's duties also wound up as the N.S. Champ, navigating the course in 77. Lyle Aseltine finished in second position, scoring an 88. It was our good fortune to have several of the members' wives plus members of other branches to share in the good fellowship with us. Those who did so were Walter Kelly, Gerson Gould, Carl Madda, Sol Shiret and Sam Kleiman. . . . The North Side Branch extends its sympathies to George Olsson whose brother passed away this month.—*Edward O. Benson, Branch Correspondent.*

WEST SUBURBAN

Tampa, Florida. Greetings from the "Sunshine State"—and the land of cool waters. After spending a miserable week of hot humid weather in Illinois your correspondent decided to get a dry slow bake in Florida. Ran into 110 degree temperatures on the way down here. Off to The Kenilworth in Miami tomorrow for a solid two weeks of recreation and relaxation. (Spent the major part of today talking dentistry with a classmate practicing down here.) . . . Here's a dandy letter from Jim Kohout describing his stay in Europe. "Sailed on the Queen Mary and landed at Cherbourg, France, then to Paris for three days and a quick stay at Nice, Monte Carlo (\$) and the French Riviera. Easter Sunday found us in the Swiss Alps watching the skiers. A most interesting stay at Heidelberg, Germany, followed by a drive on the Autoban to Wiesbaden, a pleasant ride down the Rhine to Cologne. From Brussels, Belgium, to Holland, The Hague, Amsterdam, Vollandam, Isle of Marken and the Hook of Holland, quickly to London thence to Marlborough and then to Audborne for our daughter's marriage which took place under typical English atmosphere in a village of about two hundred persons in a quaint stone church which was built in the year 1200. More sightseeing and always the same question asked, 'What do you think about the coming presidential election?' Many interesting viewpoints about some of our red hot nominees. I didn't feel any evidence of war hysteria anywhere in Europe and food was plentiful. They are very interested in our American dollar!! God Bless America, it's good to be back home. Respectfully, Jim Kohout." . . . Bob Atterbury has insisted that Werner Gresens invite Bob up to Lard Lake for a week-end. On June 18th Dr. and Mrs. John Silberhorn entertained the members of the Sanders Dental Research Club and their wives at the Silberhorn's home and office. There was a wonderful turnout and everyone marveled at the Silber-

(Continued on page 28)

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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with George H. Welk, 1400 N. Central Ave. Anonymous communications or telephone calls will receive no consideration.

Applicants

NELSON, ROBERT M. (U. of Ia. 1951) Kenwood-Hyde Park, 7200 Exchange Ave. Endorsed by Robert G. Pinkerton and Ben L. Herzberg.

SLOPPY COPY FROM OPFY

(Continued from page 8)

divorce me tomorrow—but inventory has always helped me. Daily inventory for me would be ideal and I hope some day to set aside time each night for it.

Should we mention our new resolution to our friends? Some psychologists advise you to broadcast your good intentions, thereby getting some social pressure to keep going. I do not believe it will hurt to tell a friend or two—this is what we call “driving a stake.”

Sympathetic encouragement always helps—or going on a twenty-four hour basis and we would be surprised how those 24 hours mount up.

In closing Ann states, “What about the inevitable backsliding? It will come, of course, but if you have made a good start on a number of improvements you will not lose all your gains. A slip in one will make you cling longer to the successes in other directions. You have

something to build on when the next high tide of energetic resolves comes along. And you have gained a new confidence in your capacities. Even if the spurt has lasted for only two weeks you have set a new record for yourself. Having done this much once you can dare to hope that next time you will surpass your own record.”

“Is this one of those moments of active determination? It must be or why did you turn to this article and read this far? All right then, stop reading and start now. Get tough with yourself!”

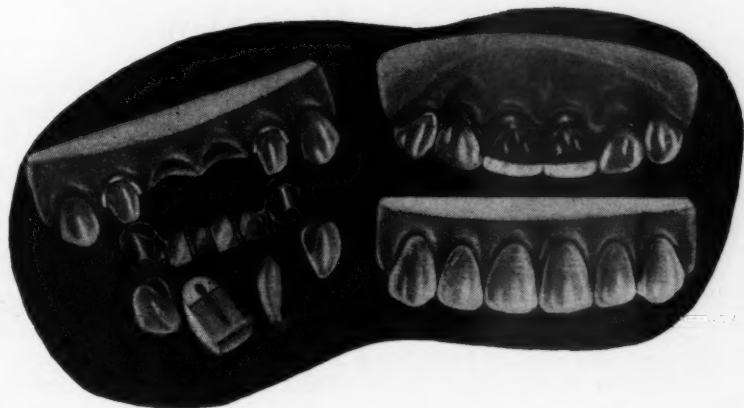
Hoping you had a safe and restful 4th of July—And remember—“When a man becomes self-satisfied, he is in a rut.”

NEWS AND ANNOUNCEMENTS

(Continued from page 10)

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making his new film, "Surgical Preparation of the Mouth for Immediate Dentures" which he showed before a recent meeting of the Southern California Society of Oral Surgeons, and before the California Medical Association.

NEW ORLEANS DENTAL CONFERENCE

Featured clinicians of the Fifth Annual New Orleans Dental Conference to be held in New Orleans this year, November 9th, 10th, 11th, 12th, at the Roosevelt Hotel, have been announced by Dr. J. Melville Smith, Chairman.

The clinicians and their subjects are: Dr. Vincent Trapozzano, New Port Richey, Florida, subject: "Full Denture Prosthesis"; Dr. Ralph L. Ireland, Lincoln, Nebraska, subject: "Clinical Procedures for the Child Patient"; Dr. Arthur J. Kershaw, Jr., West Warwick, Rhode Island, subject: "Practice Management"; Dr. Arvin W. Mann, Fort Lauderdale, Florida, subject: "Practical Periodontia"; Dr. La Mar W. Harris, Chicago, Illinois, subject: "Acrylic Resins and Allied Dental Materials"; Dr. Lesley Fitzgerald, Dubuque, Iowa, subject: "Fundamentals of Oral Surgery."

All clinicians will present clinics in both general assemblies and limited attendance.

The conference is an annual, full scientific meeting, designed to present advanced scientific knowledge to the dental profession of the South and of Latin America, featuring eminent clinicians and lecturers. Morning sessions will be devoted to general assemblies, and in the afternoons, limited attendance clinics. General clinics and motion picture programs will run concurrently, with commercial, scientific and health exhibits open throughout the meeting.

The golf courses of New Orleans will be available on Sunday, November 9th, for those who desire to play.

Not only will visitors attend an excellent scientific meeting, but will also enjoy the many sights, fine food and hospitality of New Orleans, America's most interesting city.

Invitational brochures will be mailed to members of Southern dental societies and those of Latin America. All members of the American Dental Association are invited. Inquiries are to be addressed to: New Orleans Dental Conference, 629 Maison Blanche Bldg., New Orleans 16, La.

Something to Vote About

American citizenship may be acquired in the delivery room or the courtroom, but it is fully achieved only in the daily realization of those privileges and duties that give man his rightful place in society. Yet when it comes to voting—the keystone of citizenship—Americans in the past have had a tragic apathy.

In 1948 there were approximately 96 million eligible voters in the United States. But in that year, only 49 million—about half of the eligible voters—cast ballots in the Presidential election! And the turnout at the polls has been decreasing!

Such a record in America, where free elections protect the rights and liberties of the individual, is more threatening to our freedom than any threat from abroad.

In recent elections, according to the *Saturday Evening Post*, the voters in leading countries exercised their right of franchise as follows:

Belgium	90 per cent
Italy	89 per cent
Great Britain	82 per cent
France	75 per cent
Japan	70 per cent
United States	51 per cent

THE HOME CARE OF THE MOUTH AND ITS IMPORTANCE

(Continued from page 14)

hard, (on account of the danger of eventually cutting grooves in the teeth). If done regularly, this does not take too long or too much pressure, it is just like keeping the shoes shined regularly—there is not much to do. Of course, if the shoes become rusty from neglect, it will take more work and more than likely the leather will be injured from excessive heat unless care is exercised.

While the taping between the teeth is important, it is second to the exercising of the interproximal tissue. In the act of mastication, even with our present day diet, we do receive a slight exercise and cleansing to the lingual, buccal and labial tissues, but not to the interproximal, ordinarily. If you will examine carefully the next one hundred patients who come to your office you will find congestion, or a stagnated condition of the blood stream, existing in at least the inter-

proximal gingiva, of ninety-four or ninety-five people. Very few people ever think of the importance of interproximal care. As a rule, the most severe periodontal conditions begin in the interproximal tissues. So I consider the careful exercising of the interproximal gingiva to be the number one procedure in the home care of the mouth.

Some very fine dentists recommend the use of round tooth picks or Stimulents for interdental stimulation. I much prefer good tooth brush bristles or rubber points, since they can be made to conform to the normal contour of the gingiva in the spaces and too, are much less harsh and less likely to injure if used properly. The rubber point and bristles can also be easily applied to the lingual spaces which need exercise, just as much as does the buccal and labial. While I prefer a soft brush for what I term mouth brushing, I like a much stiffer bristle, hard and even extra-hard, for interproximal exercise or massage. The stiffer bristles are more easily coaxed into the interproximal spaces and do not be-

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come too soft during a single period of its use. Of course, the patient should be thoroughly trained in its use or they are sure to cause quite a bit of damage to the gingiva as well as the teeth. The tendency with the patient is to point the bristles, more or less, toward the gingiva in their effort to pass them between the teeth. They also fail in getting the bristles between the teeth properly because they are prone to point them in from the distal or mesial instead of at right angle. This technique, as I am quite sure you recognize, is the Charter's. Doctor W. J. Charter, of Des Moines, Iowa, gave this technique to the profession a good many years ago, and I have never found a better way to properly carry out the interdental stimulation.

So after breakfast, I like the use of the tape, then the interproximal stimulation or exercise with bristles or rubber point or both, then rinse with plain water or mouth wash—just to flush out.

AFTER LUNCH

At times, I know it is a little inconvenient to do anything toward mouth care after lunch. There are many excuses that might be offered for not caring for the mouth after lunch, but "where there is a will there is a way." The acid formation and putrefaction of food particles left around the teeth takes place after lunch, just as it does after breakfast and dinner. I do not know of anything quite so repulsive as to see someone

smile, talk or laugh and expose a mass of food clinging between the teeth. So after lunch I recommend the careful use of the tape and rinsing with plain water. Of course, where it is convenient, it is fine to exercise slightly between the teeth with the bristles, but I know this is not always convenient or even possible.

AFTER DINNER OR BEFORE RETIRING

During the sleeping hours the mouth is closed, as a rule, and this makes for a wonderful incubator—a dark, warm, moist, closed cavity with a constant temperature. There are always from thirty-five to forty-five different forms of organisms present in the mouth. (The mouth is subject to over one hundred different forms.) These organisms multiply very rapidly—double on an average of about every thirty-five minutes. Among these are the pyogenic organisms which are always ready and anxious to invade the tissues when the resistance becomes lowered. So before retiring, the mouth and teeth should be cleansed and the gingival tissues exercised thoroughly.

First use the tape carefully for the interproximal cleansing. Then use the hard bristles for the interproximal exercise of the gingiva, as well as additional cleansing of the teeth, just as it is done after breakfast. At this point I find that patients like the use of cotton rolls, held with some kind of a clasp for gingival massage on the lingual, labial and buccal. (This instead of the mouth brush at

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night.) This also serves to push back the marginal gingiva, slightly, and polish at this point which is missed in the use of the brushes. Then the mouth wash is used again before retiring. I, personally, like to use the tongue scraper just before using the mouth wash.

Occasionally, after the patients have completed a thorough routine of home care and feel that they are satisfied with their efforts, it is a very good idea to check up as to the thoroughness of their efforts by the use of disclosing stain (Skinner's).

Rinse the mouth thoroughly, to remove any loose plaques or substances clinging to the teeth. With an applicator apply the stain and then rinse the mouth lightly. Where the teeth are clean the stain comes off readily and where the stain remains in plaques is where the patient failed in his cleansing. We then use the tape and interproximal brushes to cleanse and stimulate these unintentionally neglected areas. This might be done once every month or every two months. Where there are porcelain or plastic restorations, these areas should be skipped, as a rule, as the stain will leave discoloration around the borders if put on too frequently. As a rule, I suggest staining after the night care, since one has more time then.

SUMMARY

It takes time, patience and perseverance to properly teach the home care

of the oral cavity, but it pays good returns in that one feels a pride in the fact that he has at least done his part, or discharged his full obligation toward the patient.

Not only does the patient need to be taught what to do and how to do it, but it is equally important to make the patient understand why it is all necessary. If you ask them to do something which takes time and patience and they do not see the common-sense of it, rest assured, they are not going to do it, regardless of how important it might be. One of the most discouraging features of a periodontal practice is having patients return for examination, after you have spent so much time and effort to obtain a good result, and plainly show from the condition of the gingival tissues that they have failed to cooperate properly. At the same time, I know of nothing which gives me a greater feeling of the worth-whileness of my efforts than to have patients return after months and years with words of thanks and show a beautiful, healthy condition of the teeth and their supporting structures.

Do not prescribe more gadgets for mouth care than are necessary but do not hesitate to suggest an extra instrument if it is necessary for a more perfect carrying out of the technique of mouth care.

Do not relegate the teaching of home care of the mouth to one of the girls in the office, but show your enthusiasm and belief in its efficacy by taking the time to do it yourself. Be sure they understand not only what to do, but why and how.

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NEWS OF THE BRANCHES

(Continued from page 19)

horn cleverness in the design, and decoration of their new beautiful two-chair office. Cocktails were served and a beautiful gift was presented to Roy Sanders by the Club for his untiring efforts in the progress of good dentistry. Bill Vopata terminated his stay in office, while Jack Opdahl is the new president and John Silberhorn is the president-elect. Congratulations to two fine men. . . . The central office of the Society reports receiving a postal card from Ex-President Arno Brett who is down in Old Mexico. He said that the country was "delightful" and the climate "perfect." . . . Your correspondent attended a West Suburban board meeting at which the officers under the guidance of president Joe Lestina appointed the chairmen and members of the working committees. Everyone present worked late that evening and the committees were completely paneled. Congratulations to the men chosen to serve—we know you will do your job well and continue to keep West Suburban on top of the heap. . . . Continue to send news and notes to *Anthony J. Malone, 501 Franklin, River Forest, Illinois, FOrest 9-9079.*

KENWOOD-HYDE PARK

Two weeks roll around pretty fast. . . . Here it is, time to meet another dead-

line . . . and getting news for this article is tougher than pulling teeth. . . . So come on, you fellows, and kick in with a little news. . . . Kenwood's Golf Outing at Cherry Hills was a huge success. . . . There were forty who chased the little pill around the green pastures and fifty who sat down to fried chicken and roast beef with all the trimmings. . . . You gents who were not there missed a swell party. . . . Henry Urban, one of our Kenwood members, came up with a 70 and Bud Adams, a guest from the Laboratory Association, had a 71. . . . These are not bad scores in any league. . . . Milas, Kanchier, Moran, Van Dam, Lindholm, and Manning favored us with their presence from Englewood. . . . Come again, boys, we are always glad to have you. The Outing must have been a little strenuous on Chairman Rudy Grieff, because he left immediately for a month's vacation in California. . . . Anyway, have a good time Rudy, you did a nice job and deserve a rest. . . . This boy Graham Davies is really quite versatile. . . . At the Golf Outing, he set a record for the shortest nine holes in history, when he hit a ball off the first tee that ended up on the ninth green. . . . With that feat safely tucked away, he gathers up a deep sea diving outfit and heads for the Lakes in northern Wisconsin. . . . I don't know, boys, it may be mermaids. . . . Robert and Mrs. Kreiner are touring Texas and Mexico. . . . Back to their old haunts. . . . Bob was stationed in Texas during the last war and had a desire to go back and

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look the situation over. . . . One fellow we miss a great deal around here is Walt Scanlan. Grace and Walt have taken up their abode in Coral Gables, Florida with nothing to do but pick the oranges off the trees and water the lawn. . . . More power to you folks. . . . Many of you are going to be touring the countrysides in search of rest and recreation, so drop us a card or give us a call at PLaza 2-4610 and we will do the rest.—*Harry Hartley, Branch Correspondent.*

ABSTRACTS

(Continued from page 15)

in pencil on the tissue side of denture before trimming, but avoid trimming all the way to the line. As the mylohyoid area adds nothing to the retention of the denture, we can finish up with a shorter wall here to assure that the patients tongue may reach the buccal pouch on the opposite side of the mouth to remove food without moving the denture.

4. As comfort controls efficiency, many authorities believe that cusplless posteriors are superior to teeth with any cusps at all. Acrylic posterior teeth are recommended for comfort over porcelain posteriors.

5. Position the lower anterior teeth directly over the anterior ridge.

6. Have no anterior vertical overbite—a common error.

7. Final grind-in should be done on an articulator.

8. Rebase, if denture does not fit as well as it should. First, check denture to find exact source of trouble, which may be remedied in another manner.

The author has gone into detail on all of these points, and the article is accompanied with descriptive diagrams.—*"THE FULL LOWER DENTURE," by Wilfred D. Clark, D.D.S., Hamilton, Ontario. Indian Dental Review, February, 1952. O.C.L.*

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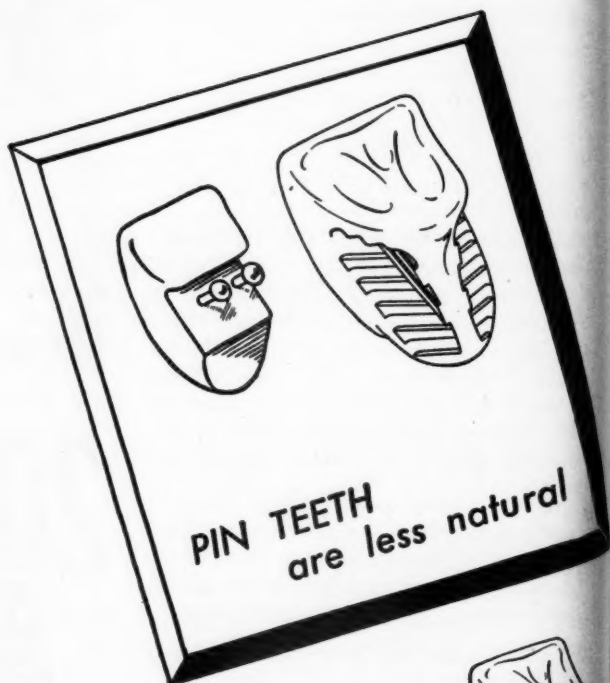
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